

12-08-06

3725

Express Mail Mailing Label No.: EV 503349584 US



**TRANSMITTAL  
FORM**

<b>TRANSMITTAL FORM</b>	Application Number	10/506,726
	Filing Date	February 25, 2005
	First Named Inventor	Axel Eggert
	Group Art Unit	3725
	Examiner Name	Jimmy T. Nguyen
	Attorney Docket No.	20496-455
	Patent No.	Not yet assigned
	Issue Date	Not yet assigned

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets <u>      </u> ]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Enclosure I: Lueger with Translation (4 pages) <input checked="" type="checkbox"/> Enclosure II: IEEE Publication (8 pages)
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above		

**CORRESPONDENCE ADDRESS**

**SIGNATURE BLOCK**

Direct all correspondence to: Patent Administrator  
 Proskauer Rose LLP  
 One International Place  
 Boston, MA 02110-2600  
 Tel. No.: (617) 526-9600  
 Fax No.: (617) 526-9899

Date: December 7, 2006  
 Reg. No.: 55,699  
 Tel. No.: (617) 526-9836  
 Fax No.: (617) 526-9899

Respectfully submitted,

Deborah M. Vernon  
 Proskauer Rose LLP  
 One International Place  
 Boston, MA 02110-2600


**U.S. PATENT & TRADEMARK OFFICE  
TRANSMITTAL  
FY 2006**

<i>Complete if Known</i>	
Application No.	10/506,726
Docket No.	20496-455
Filing Date	February 25, 2005
First Named Inventor	Axel Eggert
Group No.	3725
Examiner Name	Jimmy T. Nguyen
Confirmation No.	4901

<b>METHOD OF PAYMENT</b>		<b>FEE CALCULATION (continued)</b>			
<input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		<b>4. ADDITIONAL FEES</b>			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No.16-2500.		<b>Large Entity</b>	<b>Small Entity</b>		
<input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee Description</b>	<b>Fee Paid</b>
<input type="checkbox"/> Applicant claims small entity status. (deduct 50%)					
<b>FEE CALCULATION</b>					
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>					
Application Type	Filing	Search	Examination	Fee Paid	
Utility	300	500	200		
Design	200	100	130		
Plant	200	300	160		
Reissue	300	500	600		
Provisional	200	0	0		
<i>Small Entity Discount</i>					
<b>1. TOTAL</b>		<b>0.00</b>			
<b>2. EXCESS CLAIM FEES</b>					
		Fee	Small Entity Fee (\$)		
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.		50	25		
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.		200	100		
Total Claims		Extra Claims		Fee Paid (\$)	
- 20 or HP= _____ x \$ _____ =					
HP = highest number of total claims paid for, if greater than 20					
Indep. Claims		Extra Claims		Fee Paid (\$)	
- 3 or HP= _____ x \$ _____ =					
HP = highest number of total claims paid for, if greater than 3					
Multiple Dependent Claims		Fee (\$)	Small Entity fee (\$)	Fee Paid (\$)	
360		180			
				<b>2. TOTAL: 0.00</b>	
<b>3. APPLICATION SIZE FEE</b>					
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid	
		round up to a whole number	x	=	0.00
-100=	0	/50=			
				<b>3. TOTAL: 0.00</b>	
<b>CORRESPONDENCE ADDRESS</b>					
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899					
<b>TOTAL AMOUNT SUBMITTED</b> (\$ 120.00)					
<b>SIGNATURE BLOCK</b>					
Respectfully submitted,  Date: December 7, 2006 Reg. No.: 55,699 Tel. No.: (617) 526-9836 Fax No.: (617) 526-9899 Deborah M. Vernon Proskauer Rose LLP One International Place Boston, MA 02110-2600					